

Washington, D.C. 20549

FORM D

NOTICE OF SALE OF SECURITIES

PURSUANT TO REGULATION D, MAR 18 2004

SECTION 4(6) AND/OR

UNIFORM LIMITED OFFERING EXEMPTION

OMB NUMBER: 3235-0076
 Expires: May 31, 2005
 Estimated average burden
 hours per response.....16.00

SEC USE ONLY	
Prefix	Serial
Date Received	



04011564

Name of Offering () check if this is an amendment and name has changed, and indicate change.)

Series B Preferred Stock

Filing Under (Check box(es) that apply): ☐ Rule 504 ☐ Rule 505 ☒ Rule 506 ☐ Section 4(6) ☐ ULOEType of Filing: ☒ New Filing ☐ Amendment

A. BASIC IDENTIFICATION DATA

I. Enter the information requested about the issuer

Name of Issuer () Check if this is an amendment and name has changed, and indicate change.)

Molecular Insight Pharmaceuticals, Inc.

Address of Executive Offices (Number and Street, City, State, Zip Code)

160 Second Street, Cambridge, MA 02142

Telephone Number (Including Area Code)

(617) 492-5554

Address of Principal Business Operations (Number and Street, City, State, Zip Code)

(if different from Executive Offices)

See above

Telephone Number (Including Area Code)

See above

Brief Description of Business

Research, development, marketing and distribution of molecular imaging agents.

PROCESSED

MAR 18 2004

THOMSON
FINANCIAL

Type of Business Organization

☒ corporation☐ limited partnership, already formed☐ other (please specify):☐ business trust☐ limited partnership, to be formedMonth
1 1Year
9 7

Actual or Estimated Date of Incorporation or Organization:

☒ Actual☐ Estimated

Jurisdiction of Incorporation or Organization: (Enter two-letter U.S. Postal Service abbreviation for State:

CN for Canada; FN for other foreign jurisdiction)

M A

GENERAL INSTRUCTIONS

Federal:

Who Must File: All issuers making an offering of securities in reliance on an exemption under Regulation D or Section 4(6), 17 CFR 230.501 et seq. or 15 U.S.C. 77d(6)

When to File: A notice must be filed no later than 15 days after the first sale of securities in the offering. A notice is deemed filed with the U.S. Securities and Exchange Commission (SEC) on the earlier of the date it is received by the SEC at the address given below or, if received at that address after the date on which it is due, on the date it was mailed by United States registered or certified mail to that address.

Where to File: U.S. Securities and Exchange Commission, 450 Fifth Street, N.W., Washington, D.C. 20549

Copies Required: Five (5) copies of this notice must be filed with the SEC, one of which must be manually signed. Any copies not manually signed must be photocopies of the manually signed copy or bear typed or printed signatures.

Information Required: A new filing must contain all information requested. Amendments need only report the name of the issuer and offering, any changes thereto, the information requested in Part C, and any material changes from the information previously supplied in Parts A and B. Part E and the Appendix need not be filed with the SEC.

Filing Fee: There is no federal filing fee.

State:

This notice shall be used to indicate reliance on the Uniform Limited Offering Exemption (ULOE) for sales of securities in those state that have adopted ULOE and that have adopted this form. Issuers relying on ULOE must file a separate notice with the Securities Administrator in each state where sales are to be, or have been made. If a state requires the payment of a fee as a precondition to the claim for the exemption, a fee in the proper amount shall accompany this form. This notice shall be filed in the appropriate states in accordance with state law. The Appendix to the notice constitutes a part of this notice and must be completed.

ATTENTION

Failure to file notice in the appropriate states will not result in a loss of the federal exemption. Conversely, failure to file the appropriate federal notice will not result in a loss of an available state exemption unless such exemption is predicated on the filing of a federal notice.

Potential persons who are to respond to the collection of information contained in this form are not required to respond unless the form displays a currently valid OMB control number.

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B. INFORMATION ABOUT OFFERING

1. Has the issuer sold, or does the issuer intend to sell, to non accredited investors in this offering?..... Yes No
☐ ☒ X

Answer also in Appendix, Column 2, if filing under ULOE.

2. What is the minimum investment that will be accepted from any individual?..... \$25,000.00
Yes No
3. Does the offering permit joint ownership of a single unit?..... X ☐

4. Enter the information requested for each person who has been or will be paid or given, directly or indirectly, any commission or similar remuneration for solicitation of purchasers in connection with sales of securities in the offering. If a person to be listed is an associated person or agent of a broker or dealer registered with the SEC and/or with a state or states, list the name of the broker or dealer. If more than five (5) persons to be listed are associated persons of such a broker or dealer, you may set forth the information for that broker or dealer only.

Full Name (Last name first, if individual)

Not Applicable

Business or Residence Address (Number and Street, City, State, Zip Code)

Not Applicable

Name of Associated Broker or Dealer

Not Applicable

States in Which Person Listed Has Solicited or Intends to Solicit Purchasers

(Check "All State" or check individual States)..... ☐ All States

[AL] [AK] [AZ] [AR] [CA] [CO] [CT] [DE] [DC] [FL] [GA] [HI] [ID]
[IL] [IN] [IA] [KS] [KY] [LA] [ME] [MD] [MA] [MI] [MN] [MS] [MO]
[MT] [NE] [NV] [NH] [NJ] [NM] [NY] [NC] [ND] [OH] [OK] [OR] [PA]
[RI] [SC] [SD] [TN] [TX] [UT] [VT] [VA] [WA] [WV] [WI] [WY] [PR]

Full Name (Last name first, if individual)

Business or Residence Address (Number and Street, City, State, Zip Code)

Name of Associated Broker or Dealer

States in Which Person Listed Has Solicited or Intends to Solicit Purchasers

(Check "All State" or check individual States)..... ☐ All States

[AL] [AK] [AZ] [AR] [CA] [CO] [CT] [DE] [DC] [FL] [GA] [HI] [ID]
[IL] [IN] [IA] [KS] [KY] [LA] [ME] [MD] [MA] [MI] [MN] [MS] [MO]
[MT] [NE] [NV] [NH] [NJ] [NM] [NY] [NC] [ND] [OH] [OK] [OR] [PA]
[RI] [SC] [SD] [TN] [TX] [UT] [VT] [VA] [WA] [WV] [WI] [WY] [PR]

Full Name (Last name first, if individual)

Business or Residence Address (Number and Street, City, State, Zip Code)

Name of Associated Broker or Dealer

States in Which Person Listed Has Solicited or Intends to Solicit Purchasers

(Check "All State" or check individual States)..... ☐ All States

[AL] [AK] [AZ] [AR] [CA] [CO] [CT] [DE] [DC] [FL] [GA] [HI] [ID]
[IL] [IN] [IA] [KS] [KY] [LA] [ME] [MD] [MA] [MI] [MN] [MS] [MO]
[MT] [NE] [NV] [NH] [NJ] [NM] [NY] [NC] [ND] [OH] [OK] [OR] [PA]
[RI] [SC] [SD] [TN] [TX] [UT] [VT] [VA] [WA] [WV] [WI] [WY] [PR]

A. BASIC IDENTIFICATION DATA

2. Enter the information requested for the following:

- Each promoter of the issuer, if the issuer has been organized within the past five years;
- Each beneficial owner having the power to vote or dispose, or direct the vote or disposition of, 10% or more of a class of equity securities of the issuer;
- Each executive officer and director of corporate issuers and of corporate general and managing partners of partnership issuers; and
- Each general and managing partner of partnership issuers.

Check Box(es) that Apply: ☐ Promoter ☐ Beneficial Owner ☒ Executive Officer ☒ Director ☐ General and/or Managing Partner

Full Name (Last name first, if individual)

Babich, John D.

Business or Residence Address (Number and Street, City, State, Zip Code)

160 Second Street, Cambridge, MA 02142

Check Box(es) that Apply: ☐ Promoter ☒ Beneficial Owner ☒ Executive Officer ☒ Director ☐ General and/or Managing Partner

Full Name (Last name first, if individual)

Barlow, David S.

Business or Residence Address (Number and Street, City, State, Zip Code)

160 Second Street, Cambridge, MA 02142

Check Box(es) that Apply: ☐ Promoter ☒ Beneficial Owner ☐ Executive Officer ☐ Director ☐ General and/or Managing Partner

Full Name (Last name first, if individual)

Elmahleh, David

Business or Residence Address (Number and Street, City, State, Zip Code)

38 Hartman Road, Newton, MA 02459

Check Box(es) that Apply: ☐ Promoter ☐ Beneficial Owner ☐ Executive Officer ☒ Director ☐ General and/or Managing Partner

Full Name (Last name first, if individual)

Greenfield, Keith

Business or Residence Address (Number and Street, City, State, Zip Code)

12 Cedar Hill Road, Dover, MA 02030

Check Box(es) that Apply: ☐ Promoter ☒ Beneficial Owner ☐ Executive Officer ☒ Director ☐ General and/or Managing Partner

Full Name (Last name first, if individual)

Poitras, James

Business or Residence Address (Number and Street, City, State, Zip Code)

198 Highland Street, Holliston, MA 01746

Check Box(es) that Apply: ☐ Promoter ☐ Beneficial Owner ☐ Executive Officer ☒ Director ☐ General and/or Managing Partner

Eckelman, William

Full Name (Last name first, if individual)

10432 Snow Point Drive, Bethesda, MD 20814

Business or Residence Address (Number and Street, City, State, Zip Code)

Check Box(es) that Apply: ☐ Promoter ☐ Beneficial Owner ☒ Executive Officer ☒ Director ☐ General and/or Managing Partner

Full Name (Last name first, if individual)

McCray, John

Business or Residence Address (Number and Street, City, State, Zip Code)

160 Second Street, Cambridge, MA 02142

(Use blank sheet, or copy and use additional copies of this sheet, as necessary.)

C. OFFERING PRICE, NUMBER OF INVESTORS, EXPENSES AND USE OF PROCEEDS

1. Enter the aggregate offering price of securities included in this offering and the total amount already sold. Enter "0" if answer is "none" or "zero." If the transaction is an exchange offering, check this box ☐ and indicate in the columns below the amounts of the securities offered for exchange and already exchanged.

Type of Security	Aggregate Offering Price	Amount Already Sold
Debt	\$ 0	\$ 0
Equity	\$ 8,052,000	\$ 5,650,160

☐ Common ☒ Preferred

Convertible Securities (including warrants)	\$ 8,052,000	\$ 5,650,160
Partnership Interests	\$	\$
Other (Specify)	\$	\$
Total	\$ 8,052,000	\$ 5,650,160

Answer also in Appendix, Column 3, if filing under ULOE.

2. Enter the number of accredited and non-accredited investors who have purchased securities in this offering and the aggregate dollar amounts of their purchases. For offerings under Rule 504, indicate the number of persons who have purchased securities and the aggregate dollar amount of their purchases on the total lines. Enter "0" if answer is "none" or "zero."

	Number Investors	Aggregate Dollar Amount of Purchases
Accredited Investors	6	\$5,650,160
Non-accredited Investors	0	\$ 0
Total (for filings under Rule 504 only)		\$

Answer also in Appendix, Column 4, if filing under ULOE.

3. If this filing is for an offering under Rule 504 or 505, enter the information requested for all securities sold by the issuer, to date, in offerings of the types indicated, the twelve (12) months prior to the first sale of securities in this offering. Classify securities by type listed in Part C - Question 1.

Type of offering	Type of Security	Dollar Amount Sold
Rule 505		\$
<u>Regulation A</u>		\$
Rule 504		\$
Total		\$

4. a. Furnish a statement of all expenses in connection with the issuance and distribution of the securities in this offering. Exclude amounts relating solely to organization expenses of the issuer. The information may be given as subject to future contingencies. If the amount of an expenditure is not known, furnish an estimate and check the box to the left of the estimate.

Transfer Agent's Fees	<input type="checkbox"/> \$ 0
Printing and Engraving Costs	<input type="checkbox"/> \$ 0
Legal Fees	<input type="checkbox"/> \$20,000 (est.)
Accounting Fees	<input type="checkbox"/> \$ 0
Engineering Fees	<input type="checkbox"/> \$ 0
Sales Commissions (specify finders' fees separately)	<input type="checkbox"/> \$ 0
Other Expenses (identify)	<input type="checkbox"/> \$ 0
Total	<input type="checkbox"/> \$20,000(est.)

C. OFFERING PRICE, NUMBER OF INVESTORS, EXPENSES AND USE OF PROCEEDS

- b. Enter the difference between the aggregate offering price given in response to Part C - Question 1 and total expenses furnished in response to Part C - Question 4.a. This difference is the "adjusted gross proceeds to the issuer."

\$8,032,000


5. Indicate below the amount of the adjusted gross proceeds to the issuer used or proposed to be used for each of the purposes shown. If the amount for any purpose is not known, furnish an estimate and check the box to the left of the estimate. The total of the payments listed must equal the adjusted gross proceeds to the issuer set forth in response to Part C - Question 4.b above.

	Payments to Officers, Directors, & Affiliates	Payments To Others
Salaries and fees	<input type="checkbox"/> \$ _____	<input type="checkbox"/> \$ _____
Purchase of real estate	<input type="checkbox"/> \$ _____	<input type="checkbox"/> \$ _____
Purchase, rental or leasing and installation of machinery and equipment	<input type="checkbox"/> \$ _____	<input type="checkbox"/> \$ _____
Construction or leasing of plant buildings and facilities	<input type="checkbox"/> \$ _____	<input type="checkbox"/> \$ _____
Acquisition of other businesses (including the value of securities involved in this offering that may be used in exchange for the assets or securities of another issuer pursuant to a merger).....	<input type="checkbox"/> \$ _____	<input type="checkbox"/> \$ _____
Repayment of indebtedness	<input type="checkbox"/> \$ _____	<input type="checkbox"/> \$ _____
Working Capital	<input type="checkbox"/> \$ _____	X <u>\$8,032,000</u>
Other (specify):	<input type="checkbox"/> \$ _____	<input type="checkbox"/> \$ _____
.....	<input type="checkbox"/> \$ _____	<input type="checkbox"/> \$ _____
.....	<input type="checkbox"/> \$ _____	<input type="checkbox"/> \$ _____
Column Totals	<input type="checkbox"/> \$ _____	<input type="checkbox"/> \$ _____

Total Payments Listed (Column totals added) X \$8,032,000

D. FEDERAL SIGNATURE

The issuer has duly caused this notice to be signed by the undersigned duly authorized person. If this notice is filed under Rule 505, the following signature constitutes an undertaking by the issuer to furnish to the U.S. Securities and Exchange Commission, upon written request of its staff, the information furnished by the issuer to any non-accredited investor pursuant to paragraph (b)(2) of Rule 502.

Issuer (Print or Type) Molecular Insight Pharmaceuticals, Inc. f/k/a Biostream, Inc.	Signature 	Date March <u>11</u> , 2004
Name of Signer (Print or Type) David S. Barlow	Title of Signer (Print or Type) Chief Executive Officer	

ATTENTION

Intentional misstatements or omissions of fact constitute federal criminal violations. (See 18 U.S.C. 1001.)

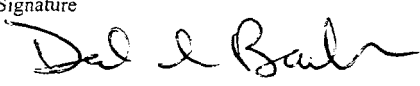
E. STATE SIGNATURE

1. Is any party described in 17 CFR 230.262 presently subject to any of the disqualification provisions of such rule? Yes No
☐ ☒

See Appendix, Column 5, for state response.

2. The undersigned issuer hereby undertakes to furnish to any state administrator of any state in which this notice is filed, a notice on Form D (17 CFR 239,500) at such times as required by state law.
3. The undersigned issuer hereby undertakes to furnish to the state administrators, upon written request, information furnished by the issuer to offerees.
4. The undersigned issuer represents that the issuer is familiar with the conditions that must be satisfied to be entitled to the Uniform limited Offering Exemption (ULOE) of the state in which this notice is filed and understands that the issuer claiming the availability of this exemption has the burden of establishing that these conditions have been satisfied.

The issuer has read this notification and knows the contents to be true and has duly caused this notice to be signed on its behalf by the undersigned duly authorized person.

Issuer (Print or Type) Molecular Insight Pharmaceutical, Inc. f/k/a Biostream, Inc.	Signature 	Date March <u>11</u> , 2004
Name of Signer (Print or Type) David S. Barlow	Title of Signer (Print or Type) Chief Executive Officer	

Instruction

Print the name and title of the signing representative under his signature for the state portion of this form. One copy of every notice on Form D must be manually signed. Any copies not manually signed must be photocopies of the manually signed copy or bear typed or printed signatures.

APPENDIX

1 State	2 Intend to sell to non-accredited investors in State (Part B-Item 1)		3 Type of security and aggregate offering price offered in state (Part C-Item 1)	4 Type of investor and amount purchased in State (Part C-Item 2)				5 Disqualification under State ULOE (if yes, attach explanation of waiver granted) (Part E-Item 1)	
	Yes	No		Number of Accredited Investors	Amount	Number of Non-Accredited Investors	Amount	Yes	No
AL									
AK									
AZ									
AR									
CA		X	Series B Preferred Stock \$25,000	1	\$25,000	0	0		X
CO									
CT		X	Series B Preferred Stock \$600,000	2	\$600,000	0	0		X
DE									
DC									
FL									
GA									
HI									
ID									
IL									
IN									
IA									
KS									
KY									
LA									
ME									
MD									
MA									
MI									
MN									

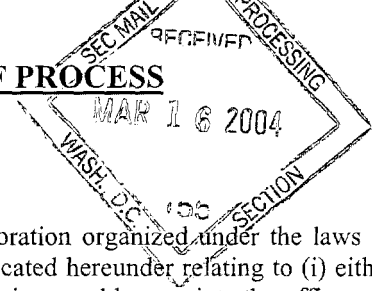
APPENDIX

1	2		3	4				5	
	Intend to sell to non-accredited investors in State (Part B-Item 1)		Type of security and aggregate offering price offered in state (Part C Item 1)	Type of investor and amount purchased in State (Part C-Item 2)				Disqualification under State ULOE (if yes, attach explanation of waiver granted) (Part E-Item 1)	
State	Yes	No		Number of Accredited Investors	Amount	Number of Non-Accredited Investors	Amount	Yes	No
MS									
MO		X	Series B Preferred Stock \$25,000	1	\$25,000	0	0		X
MT									
NE									
NV									
NH									
NJ									
NM									
NY									
NC									
ND									
OH									
OK									
OR									
PA									
RI									
SC									
SD									
TN									
TX									
UT									
VT									
VA									
WA									
WV									
WI									
WY									

PR									
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FORM U-2 UNIFORM CONSENT TO SERVICE OF PROCESS



KNOW ALL MEN BY THESE PRESENTS:

That the undersigned, Molecular Insight Pharmaceuticals, Inc. f/k/a Biostream, Inc. a corporation organized under the laws of the Commonwealth of Massachusetts, for purposes of complying with the laws of the states indicated hereunder relating to (i) either the registration or sale of securities or (ii) the furnishing of investment advisory services, hereby irrevocably appoints the officers of the states so designated hereunder and their successors in such offices, its attorney in those states so designated upon whom may be served any notice, process or pleading in any action or proceeding against it arising out of, or in connection with, the sale of securities or out of violation of the aforesaid laws of the states so designated; and the undersigned does hereby consent that any such action or proceeding against it may be commenced in any court of competent jurisdiction and proper venue within the states so designated hereunder by service of process upon the officers so designated with the same effect as if the undersigned was organized or created under the laws of that state and have been served lawfully with process in that state.

It is requested that a copy of any notice, process or pleading served hereunder be mailed to:

Molecular Insight Pharmaceuticals, Inc.
160 Second Street
Cambridge, MA 02142
Attn: President

Place an "X" before the names of all states for which the person executing this form is appointing the designated Officer of that state as its attorney in that state for receipt of service of process:

_____ ALABAMA	Secretary of State.	_____ ILLINOIS	Secretary of State.
_____ ALASKA	Administrator of the Division of Banking and Corporations, Department of Commerce and Economic Development.	_____ INDIANA	Secretary of State.
_____ ARIZONA	The Corporation Commission.	_____ IOWA	Commissioner of Insurance.
_____ ARKANSAS	The Securities Commissioner.	_____ KANSAS	Secretary of State.
<u> X </u> CALIFORNIA	Commissioner of Corporations.	_____ KENTUCKY	Director, Division of Securities.
_____ COLORADO	Securities Commissioner.	_____ LOUISIANA	Commissioner of Securities.
<u> X </u> CONNECTICUT	Banking Commissioner.	_____ MAINE	Administrator, Securities Division.
_____ DELAWARE	Securities Commissioner.	_____ MARYLAND	Commissioner of Securities.
_____ DISTRICT OF COLUMBIA	Public Service Commission.	_____ MASSACHUSETTS	Secretary of State.
_____ FLORIDA	Department of Banking and Finance.	_____ MICHIGAN	Administrator, Corporation and Securities Bureau, Department of Commerce.
_____ GEORGIA	Commissioner of Securities.	_____ MINNESOTA	Commissioner of Commerce.
_____ GUAM	Administrator, Department of Finance.	_____ MISSISSIPPI	Secretary of State.
_____ HAWAII	Commissioner of Securities & Consumer Affairs.	<u> X </u> MISSOURI	Securities Commissioner.
_____ IDAHO	Director, Department of Finance.	_____ MONTANA	State Auditor and Commissioner of Insurance.
		_____ NEBRASKA	Director of Banking and Finance.
		_____ NEVADA	Secretary of State.

_____ NEW HAMPSHIRE	Secretary of State.	_____ SOUTH CAROLINA	Office of Attorney General.
_____ NEW JERSEY	Chief, Securities Bureau.	_____ SOUTH DAKOTA	Director of the Division of Securities.
_____ NEW MEXICO	Director of Securities.	_____ TENNESSEE	Commissioner of Commerce and Insurance.
_____ NEW YORK	Secretary of State.	_____ TEXAS	Securities Commissioner.
_____ NORTH CAROLINA	Secretary of State.	_____ UTAH	Director, Division of Securities.
_____ NORTH DAKOTA	Securities Commissioner.	_____ VERMONT	Commissioner of Banking, Insurance, Securities, and Health Care Administration
_____ OHIO	Secretary of State.	_____ VIRGINIA	Clerk, State Corporation Commission.
_____ OREGON	Director, Department of Insurance and Finance.	_____ WASHINGTON	Director of the Department of Licensing.
_____ OKLAHOMA	Department of Securities.	_____ WEST VIRGINIA	Commissioner of Securities.
_____ PENNSYLVANIA	Pennsylvania does not require filing of a Consent to Service of Process.	_____ WISCONSIN	Department of Financial Institutions, Division of Securities
_____ PUERTO RICO	Commissioner of Financial Institutions.	_____ WYOMING	Secretary of State.
_____ RHODE ISLAND	Director of Business Regulation.		

Dated this 11th day of MARCH, 2004

APPLICANT

Molecular Insight Pharmaceuticals, Inc.
f/k/a Biostream, Inc.

(CORPORATE SEAL)

By: David S. Barlow
David S. Barlow
Chief Executive Officer

THE STATE OF Mass §
COUNTY OF Norfolk §

On this 11 day of March, 2004, before me, Wendy Graham-Coco the undersigned officer, personally appeared Dave Barlow, known personally to me to be the CEO of the above named Company and acknowledged that he, as an officer being authorized so to do, executed the foregoing instrument for the purposes therein contained, by signing the name of the Company by himself as an officer.

IN WITNESS WHEREOF, I have hereunto set my hand and official seal.

(SEAL)

BO:104716v1

Wendy Graham-Coco
Notary Public/Commissioner of Oaths
My Commission Expires 4/07